2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000729

FILED Jan 05, 2011 Secretary of State

Entity Name: THE HILLS OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

THE HILLS OF MOUNT DORA HOMEOWNERS P. O. BOX 632 SORRENTO, FL 32776

Current Mailing Address: New Mailing Address:

THE HILLS OF MOUNT DORA HOMEOWNERS
P.O. BOX 632
SORRENTO, FL 32776

THE HILLS OF MOUNT DORA HOMEOWNERS
P. O. BOX 632
SORRENTO, FL 32776

FEI Number: 59-3550617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTON, FRAN E 32623 SCENIC HILLS DR MOUNT DORA, FL 32757 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: AMBROSE, MIKE MR Address: 32443 SCENIC HILLS DR City-St-Zip: MOUNT DORA, FL 32757

Title: D

Name: ROUSE, LILLIE MRS
Address: 22101 SCENIC LEDGE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: S

Name: HOWZE, DEBORAH MRS Address: 22202 SCENIC RIDGE CT City-St-Zip: MOUNT DORA, FL 32757

Title: D

Name: SILVER, JAY MR
Address: 32428 SCENIC HILLS DR
City-St-Zip: MOUNT DORA, FL 32757

Title:

 Name:
 WESTON, FRANCES MRS

 Address:
 32623 SCENIC HILLS DR

 City-St-Zip:
 MOUNT DORA, FL 32757

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCES WESTON T 01/05/2011